

ROTHSCHILD/SCHOFIELD & WESTON AQUATIC CENTER JOINT SEASON PASS APPLICATION

Village of Rothschild
211 Grand Avenue
Rothschild, WI 54474
(715) 359-3660

**Rothschild/Schofield
Aquatic Center**
1004 Park Street
Rothschild, WI 54474
(715) 355-9293

Weston Municipal Center
5500 Schofield Avenue
Weston, WI 54476
(715) 359-6114
Park Office (715) 359-9988

Weston Aquatic Center
5815 Alta Verde Street
Weston, WI 54476
(715) 241-SWIM
(7946)

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The joint season pass allows you to go to Rothschild/Schofield Aquatic Center AND Weston Aquatic Center during the 2014 season!

to purchase a resident season pass you must reside in the Village of Rothschild, City of Schofield or Village of Weston and show proof of residency. A family season pass may be purchased for up to 5 immediate family members only (immediate family meaning husband, wife, sons or daughters) ***living in the same household. Each additional immediate family member will cost \$10 each. Relatives, grandchildren, friends, babysitters, etc. living in your home or spending the day, week or the summer may not be part of a family season pass.***

Check the Season Pass you are purchasing

EARLY BIRD SPECIAL-PURCHASED THROUGH FRIDAY, MAY 23, 2014

Resident Season Family Pass (Rothschild/Schofield & Weston) ***limit 5*** \$ 140.00 _____

Non-Resident Season Family Pass ***limit 5*** \$ 160.00 _____

Additional Family Members _____ x \$10 each

AFTER MAY 23th, 2014:

Resident Individual (Rothschild/Schofield & Weston) \$ 79.00 _____

Resident Family (Rothschild/Schofield & Weston) ***limit 5*** \$ 160.00 _____

Non-resident Individual \$ 99.00 _____

Non-resident Family ***limit 5*** \$ 180.00 _____

Additional Family Members _____ x \$10 each

AFTER JULY 15th, 2014: Resident/Non-Resident Family Pass ***limit 5*** \$ 85.00 _____

Make checks payable to: The Village of Weston - 5500 Schofield Ave.-Weston, WI 54476 (Weston) OR The Village of Rothschild - 211 Grand Ave. - Rothschild, WI 54474 (Rothschild/Schofield) thru Friday, June 6, 2014. Beginning Saturday, June 7, 2014 season pass applications will be accepted at the Aquatic Center.

Family Name _____ Phone _____

Address _____ City _____ Zip _____

Last Name	First Name	Age	Address

I, the undersigned, accept full responsibility for the terms and conditions of the purchase of a season pass. I certify that the information I have given is true and accurate. I understand that false use of a season pass card will result in card forfeiture.

Applicant Signature _____ Date _____